New ACIP Recommendations for HPV Vaccination

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Disclosures

• I have no financial disclosures.
• I do not plan to discuss off label uses of vaccines.
• I have borrowed/stolen extensively from a talk by Dr. Sharon Humiston who used CDC’s HPV Speaker’s Bureau slides

Objectives

• Discuss the epidemiology of human papillomaviruses (HPV)
• Explain how HPV vaccines are produced
• Explain the new ACIP recommendations
• Discuss the barriers to use of HPV vaccines

Human Papillomaviruses

• DNA viruses, family Papovaviridae
• Over 100 types
• Specialized for epithelia
• Not cytotoxic, viral genes promote replication and delay differentiation, leads to proliferative lesions (warts)

Human papillomaviruses. 2015 Red Book
Benign skin

- Keratinized epithelium
- Palmar and plantar warts
- HPV 1 and 2
- No cancers recognized

Epidermodysplasia verruciformis

- Keratinized epithelium
- Flat warts and subclinical
- HPV 5 and 8
- Inherited disorder of cell mediated immunity
- Skin cancers common, squamous cell

Genital warts

- Genital epithelium and mucosa warts
- 90% due to HPV 6 and 11
- 360,000 new cases/year
- No cancers recognized
- Respiratory papillomatosis in children

High-risk genital

- Genital epithelium and mucosa
- Flat warts or subclinical
- HPV 16, 18, 31, 45
- Cervical dysplasia and cancer
- Anal intraepithelial neoplasms
- Oropharyngeal cancers
HPV and cancers
- 91% of cervical cancer - >4000 deaths/yr
- 91% of anal cancers
- 75% of vaginal cancers
- 70% of oropharyngeal cancers
- 69% of vulvar cancers
- 63% of penile cancers

HPV Epidemiology
- Spread person to person by close contact
- Asymptomatic people can transmit
- Anogenital – over 40 types, sexual spread
- Over 40% of adolescents infected
- Regular condom use does decrease risk
- Incubation unknown, probably mos to yrs

Clinical illnesses
- Warts: skin, flat
- Condylomata acuminate: anogenital warts
- Respiratory papillomatosis
- Epidermodysplasia verruciformis
- Oncogenic potential on mucous membranes

HPV Vaccines
- Virus-like particles genetically engineered
- Capsid proteins produced; form shells
- Gardasil: recombinant Saccharomyces
- Cervarix: recombinant baculovirus in Trichoplusia ni insect cells
HPV Vaccines

- Originally three dose series, now 2 or 3
- 0, 1 mo, 6 mo. vs. 0, 6-12 months
- 3 doses if >15 yr.; 2 doses if younger
- Well tolerated
- Pain at injection site, fainting
- Highly immunogenic and protective

Latest ACIP Recommendation

- Universal starting at age 11-12 years
- Can start earlier, as young as 9 years
- Two doses if start < 15 years
- Time 0 and 6-12 mo
- Three doses if 15 and older
- Time 0, 1-2 mo and 6 months

Special Populations

- Child sexually abused: start at age 9
- Men having sex with men: universal through age 26 years
- Immunocompromised: 3 dose series

Gardasil (Merck)

- Quadrivalent types 6, 11, 16, 18
- 9 valent: 6, 11, 16, 18, 31, 33, 45, 52, and 58
- Immunogenic and effective in girls and boys
- 100% effective against persisting infection
- Licensed for girls and boys, start age 11-12
- 9 valent replaces quadrivalent
Cervarix (GSK)
- Types 16 and 18
- Immunogenic and highly effective in females
- No studies in males
- Novel production: baculovirus vector, insect
- Novel adjuvant: ASO4 adsorbed onto AlOH3
- As of October 2016, no longer marked in US

Recommendations
- Universal for girls and boys
- Gardasil: girls and boys starting age 11-12
- Catch up recommended through age 26 y for females, 21 for males*
- Cervarix: licensed only for girls, same ages, no longer available in US

Adolescent Challenges
- Lack of routine visits
- No insurance or underinsured
- Lack of awareness of teens and parents
- Safety concerns: “too new”
- Consent when parent is not present

Challenges with HPV Vaccine
- Physician recommendation not always strong
- Politicians and the media
- It’s all about sex
- Pediatricians’ attitudes
- It will make my child have sex
Top 5 Reasons For No HPV

- Not needed/necessary
- Not recommended by provider
- Safety/side effects
- Lack of knowledge
- Not sexually active

NIS-Teen 2012

Society for Adolescent Health and Medicine

Vaccinate adolescents at every opportunity; Make vaccinations a priority for health visits; Utilize standing orders; Use reminders/recall; Lobby for vaccine registries; Support alternate site programs (school, etc); Educate patients about benefits of vaccines

www.adolescenthealth.org

Vaccination Coverage Levels Ages 13-17
NIS-Teen, 2006-2012

"But adolescents just don’t make office visits!"

Source: MMWR. 2013;62;685-93

A PRACTICAL IMMUNIZATION COMMUNICATION STRATEGY

Developed by Vax Northwest – a Seattle-based collaborative
Recommend

Clearly state your recommendations for immunizations that are due today.
Treat HPV just like the other routinely recommended adolescent immunizations.

Sam is due for 3 shots today:
HPV vaccine, meningococcal vaccine and Tdap vaccine.

Michelle should have 3 shots today to protect her from the cancers caused by HPV, and infections causing meningitis, whooping cough, tetanus, & diphtheria.

Ask (Use open-ended questions)

Ask what questions they have about the vaccines or the schedule.

What questions do you have for me about these vaccines?
Clarify and re-state their concerns to make sure you understand.

It sounds like you’re concerned that the HPV vaccine isn’t necessary because Emily is a virgin.
Am I understanding this?

Acknowledge – Strategy for “Accepting Parent”

Support the parent’s decisions to follow the recommended schedule.

Giving the adolescent vaccines is a great step to take.

Giving Sophie these vaccines is the single most important way our office can work with your family to keep her protected from serious diseases.

Acknowledge – Strategy for “Hesitant Parent”

Acknowledge the parent’s concerns

There are a lot of different opinion about vaccines and a lot of conflicting information...

Make clear your goal is the same as the parents

I know you want to do everything you can to keep Sophie safe, and so do I

Name the emotions you observe

Be clear that you are concerned for the health of the adolescent, not just public health safety
Advise

- Address the parent’s specific concerns
- Offer to assist them to get information
- Allow them time to reflect and consult
- Provide them with an opportunity to revisit concerns
- Develop a plan that is acceptable to the parent, noting you understand that the decision and burden of responsibility is theirs
- Schedule a follow-up appointment

ACCURATE AND SUCCINCT ANSWERS TO FREQUENTLY ASKED QUESTIONS ABOUT HPV VACCINATION

FAQ 1: (Didn’t know much about HPV)

Why is this vaccine needed?
--What is HPV?
--Is HPV common?
--How is HPV spread?

U.S. HPV Prevalence & Incidence Versus Recognition

- US statistics
  - Currently infected ~79 million
  - New infections/year ~14 million
  - HPV infection is most common in people in their teens and early 20s
- HPV is the most common STI, but most people never know that they have been infected –
  - Female: abnormal pap test w/ positive HPV test
  - Male: no commercially available test

How is HPV spread?

- HPV exposure can occur with any type of intimate sexual contact, not just intercourse
- Among a cohort of adolescent women without prior vaginal intercourse (followed longitudinally):
  - HPV was detected in 46% of females prior to 1st vaginal sex
  - 70% of these women reported non-coital behaviors that may in part explain genital transmission
- Condoms do not completely stop HPV transmission


Transmission During Intercourse

- Nearly 50% of high school students have already engaged in sexual (vaginal-penile) intercourse
  - 1/3 of 9th graders and 2/3 of 12th graders have engaged in sexual intercourse
  - 24% of high school seniors have had sexual intercourse with 4 or more partners
- About 50% of people are infected with HPV within 12 months of sexual debut


FAQ 2: Why give this at 11 or 12 years of age?
Rationale for HPV vaccination at 11-12 years of age

- Optimal vaccine efficacy is derived if the vaccine series is received before onset of sexual activity. (The vaccine is inactive against previously acquired HPV types.)
- Antibody responses are highest at ages 9 through 15 years.

Will protection last?

- Efficacy against infection and cervical lesions from HPV strains 16 & 18 -- shown up to
  - 8.4 years with the bivalent vaccine
  - 5 years with the quadrivalent vaccine
- Ongoing monitoring is essential so we will know if a booster is needed

FAQ 3 (female): Is HPV important? If a woman gets regular PAP smears she won’t get cervical cancer.

Cervical cancer causes 4,000 deaths/year in the U.S. with our current system of preventive screening

Among women with cervical cancer, 28% had normal PAP within 3 years of dxn

Long term protection against cervical infection with the human papillomavirus: review of currently available vaccines.
Preventing Cervical Cancer with Pap Smears Has Risks

- 330,000 women undergo cone/LEEP procedures every year
- LEEP/conization associated with obstetric morbidity
  - Preterm delivery
  - Preterm rupture of membranes
  - Low birth weight
  - Long term developmental outcomes, neonatal intensive care costs

WHY REMOVE HALF THE CERVIX WHEN YOU COULD GET A SHOT IN THE ARM INSTEAD?

FAQ 3 (male): Is HPV important? My son won’t get cervical cancer so why bother with this?

FAQ 4: Isn’t the HPV vaccine too new to know if it works?
Summary of Efficacy to Date

- Vaccine is very effective at preventing infection with relevant types
  - Vaccinated people
  - "Herd" immunity
- Decreases in genital warts
- Decrease in prevalence of human papillomavirus in cervicovaginal specimens in girls age 14-19

Markowitz et al. Reduction in HPV prevalence; J Infect Dis 2013;208:385-93
Markowitz et al. Prevalence of HPV after introduction of the vaccination program in the United States; Pediatrics 2016;137(2):e20151968

FAQ 5: Is HPV vaccine safe?

- Moms in focus groups
  - Stated concerns about both short- and long-term vaccine safety
  - Not aware that HPV vaccine was tested
  - Concerned that their child’s fertility could be affected by the vaccine

HPV Vaccine Safety

- 57 million doses of HPV vaccine distributed in US from 2006 – 2013 (many more abroad)
- The most common adverse events reported were considered mild (e.g., sore arm)
- For serious adverse events reported, no unusual pattern or clustering that would suggest that the events were caused by the HPV vaccine
- These findings are similar to the safety reviews of MCV4 and Tdap vaccines

Post-Vaccination Syncope

- Serious injuries have occurred following syncope
- ACIP recommends that “vaccine providers should strongly consider observing patients for 15 minutes after they are vaccinated. If syncope develops, patients should be observed until the symptoms resolve.”
- Among the 41 reports with secondary injuries and information about the timing of syncope:
  - 76% occurred in adolescents aged 11 to 18 years
  - Time from vaccination to syncope onset was <5 minutes in 49%, <15 minutes in 80% of the reports
  - 10 of the 41 (24%) sustained injuries that were serious

http://www.cdc.gov/vaccinesafety/concerns/syncope.html
FAQ 6: Will my child see this as “permission” to have sex?

Receipt of HPV vaccine does not increase sexual activity or decrease age of sexual debut

- Kaiser Permanente Center for Health Research
- 1,398 girls who were 11 or 12 in 2006, 30% of whom were vaccinated, followed through 2010
- No difference in markers of sexual activity, including
  - Pregnancies
  - Counseling on contraceptives
  - Testing for, or diagnoses of, sexually transmitted infections

Bednarczyk Pediatrics Oct 2012

FAQ 7: Would you give HPV vaccine to your child?

- Emphasizing your personal belief in the importance of HPV vaccine helps parents feel secure in their decision
- Some respondents in focus groups stated that they would feel more comfortable knowing that the doctor had vaccinated their own child or was planning to (if the child was <11)
- Respondents in an online survey stated that knowing that oncologists supported the recommendation made them more likely to get their child vaccinated

TIPS ON HAVING YOUR WHOLE OFFICE TEAM FEEL COMFORTABLE COMMUNICATING ABOUT HPV VACCINE
5 Communication Tips

1. Be sure that everyone who has patient contact gets educated on HPV vaccination.
2. Be sure that each office staff group knows their role in immunization communication.
3. Encourage questions; interpret them as natural caution, not refusal.
4. Remember to arrange for the next dose.
5. Remember to give the VIS with each dose.

For more information visit:

- CDC
- AAP
- Immunization Action Coalition
- CHOP Vaccine Education Center

Email questions or comments to CDC Vaccines for Preteens and Teens:
PreteenVaccines@cdc.gov

Smiling is a contagious condition!